

Fill in this information to identify the case:

Debtor Eiger BioPharmaceuticals, Inc

United States Bankruptcy Court for the: Northern District of Texas
(State)

Case number 24-80040

**Official Form 410
Proof of Claim**

04/22

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies or any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	<u>Stanford University</u> <small>Name of the current creditor (the person or entity to be paid for this claim)</small>	
	Other names the creditor used with the debtor <u>EIG-LMD-002, Proj Code 157-2</u>	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent? See summary page	Where should payments to the creditor be sent? (if different) See summary page
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	
	Contact phone <u>6507250086</u> Contact email <u>See summary page</u>	Contact phone <u>6507250086</u> Contact email <u>See summary page</u>
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
4. Does this claim amend one already filed?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on <u>07/17/2024</u> <small>MM / DD / YYYY</small>	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Who made the earlier filing? <u>Myself</u>	



Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? No
 Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: VAGWT ____

7. How much is the claim? \$ 19,860.58. Does this amount include interest or other charges?
 No
 Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
Limit disclosing information that is entitled to privacy, such as health care information.
Services performed

9. Is all or part of the claim secured? No
 Yes. The claim is secured by a lien on property.
Nature or property:
 Real estate: If the claim is secured by the debtor's principle residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
 Motor vehicle
 Other. Describe: _____
Basis for perfection: _____
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amount should match the amount in line 7.)
Amount necessary to cure any default as of the date of the petition: \$ _____
Annual Interest Rate (when case was filed) _____ %
 Fixed
 Variable

10. Is this claim based on a lease? No
 Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? No
 Yes. Identify the property: _____



12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

No

Yes. Check all that apply:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(____) that applies.	\$ _____

* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

13. Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. 503(b)(9)?

No

Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.

\$ _____

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

I am the creditor.

I am the creditor's attorney or authorized agent.

I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgement that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 07/17/2024
MM / DD / YYYY

/s/Natalia Antanavage
Signature

Print the name of the person who is completing and signing this claim:

Name Natalia Antanavage
First name Middle name Last name

Title Director of SRM

Company Stanford University
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address _____

Contact phone _____ Email _____



Verita (KCC) ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (888) 733-1544 | International (310) 751-2638

Debtor: 24-80040 - Eiger BioPharmaceuticals, Inc District: Northern District of Texas, Dallas Division		
Creditor: Stanford University 485 Broadway, University Hall, Third Floor Redwood City, California, 94063-3136 United States Phone: 6507250086 Phone 2: Fax: Email: RFCS-RECEIVABLES@LISTS.STANFORD.EDU	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement:	
	Has Related Claim: Yes Related Claim Filed By: Myself	
	Filing Party: Authorized agent	
Disbursement/Notice Parties: Stanford University PO BOX 884253 LOS ANGELES, California, 90088-4253 United States Phone: 6507250086 Phone 2: Fax: E-mail: RFCS-RECEIVABLES@LISTS.STANFORD.EDU DISBURSEMENT ADDRESS		
Other Names Used with Debtor: EIG-LMD-002, Proj Code 157-2		Amends Claim: Yes, 07/17/2024 Acquired Claim: No
Basis of Claim: Services performed	Last 4 Digits: Yes - VAGWT	Uniform Claim Identifier:
Total Amount of Claim: 19,860.58		Includes Interest or Charges: No
Has Priority Claim: No		Priority Under:
Has Secured Claim: No Amount of 503(b)(9): No Based on Lease: No Subject to Right of Setoff: No		Nature of Secured Amount: Value of Property: Annual Interest Rate: Arrearage Amount: Basis for Perfection: Amount Unsecured:
Submitted By: Natalia Antanavage on 17-Jul-2024 7:51:14 p.m. Eastern Time Title: Director of SRM Company: Stanford University		



STANFORD UNIVERSITY
Office of Research Administration
Sponsored Receivables Management
Tax ID Number 94-1156365

INVOICE

Award Number:	VAGWT	Invoice Number:	58074-2282503-20
TO: Date	04/08/2024	Billing Period:	02/01/24 - 04/08/24
EIGER BIOPHARMACEUTICAL		Sponsor Ref No:	EIG-LMD-002, Proj Code 157-2
C/O BIORASI LLC		Payment Terms :	30 NET
18851 NE 29TH AVE #800			
AVENTURA, FL 33180 US			

SUBMIT PAYMENT WITH INVOICE NO. TO:
Stanford University
PO BOX 884253
LOS ANGELES, CA 90088-4253

PI: Kwo, Paul Y.

Award Title: A Phase 3, Randomized, Open-Label, Parallel Arm Study to Evaluate the Efficacy and Safety of 180 mcg Peginterferon Lambda-1a (Lambda) Subcutaneous Injection for 48 Weeks in Patients with Chronic Hepatitis Delta Virus (HDV) Infection (LIMT-2

Billing Item	Amount
-----	-----
205317: Other Study Related Fees	2,983.00

CURRENT AMOUNT DUE: \$2,983.00

Please remit "Current Amount Due" with this invoice to prevent further collection efforts. If payment has been made, please disregard this message. Please call (650) 725-0086 or email rfcs-receivables@list.stanford.edu for questions.

I hereby affirm that the above bill is correct and just and that payment thereof has not been received

THE BOARD OF TRUSTEES OF THE LELAND
STANFORD JUNIOR UNIVERSITY

**Natalia
Antanavage**
Director of SRM

Digitally signed by Natalia Antanavage
DN: cn=Natalia Antanavage, o=ORA,
ou=SRM

SPO#:275134, Award#: VAGWT, Principal Investigator: Kwo, Paul Y, Sponsor: Eiger BioPharmaceuticals, Inc.

Fee	Date	Amount
Study Closeout \$1983	28-MAR-2024	\$1,983.00
Document Archiving (Paid at Study Close Out) \$1000	28-MAR-2024	\$1,000.00
Total		\$2,983.00



STANFORD UNIVERSITY
Office of Research Administration
Sponsored Receivables Management
Tax ID Number 94-1156365

INVOICE

Award Number:	VAGWT	Invoice Number:	58074-2268447-11
TO: Date	01/31/2024	Billing Period:	01/26/24 - 01/31/24
EIGER BIOPHARMACEUTICAL		Sponsor Ref No:	EIG-LMD-002, Proj Code 157-2
C/O BIORASI LLC		Payment Terms :	30 NET
18851 NE 29TH AVE #800			
AVENTURA, FL 33180 US			

SUBMIT PAYMENT WITH INVOICE NO. TO:
Stanford University
PO BOX 884253
LOS ANGELES, CA 90088-4253

PI: Kwo, Paul Y.

Award Title: A Phase 3, Randomized, Open-Label, Parallel Arm Study to Evaluate the Efficacy and Safety of 180 mcg Peginterferon Lambda-1a (Lambda) Subcutaneous Injection for 48 Weeks in Patients with Chronic Hepatitis Delta Virus (HDV) Infection (LIMT-2

Billing Item	Amount
-----	-----
201911: Other Study Related Fees	1,576.74

CURRENT AMOUNT DUE: \$1,576.74

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Natalia
Antanavage
Director of SRM

Digitally signed by Natalia Antanavage
DN: cn=Natalia Antanavage, o=ORA,
ou=SRM

Fee	Date	Amount
9019-2001 - TFTs = thyroid function tests (Local lab)	24-FEB-2023	\$218.42
9019-2001 - AFB = alfa fetoprotein (Local lab)	24-FEB-2023	\$48.15
9019-2001 - coagulation parameters (Local lab)	24-FEB-2023	\$60.02
9019-2001 - HCV RNA Viral load, HCV serology, HDV Serology (*4&5), HDV RNA Viral Load (*4&5), HIV RNA Viral Load, HIV Serology (Through local laboratory only for SV1 , if no historical data is available)	24-FEB-2023	\$556.86
9019-2001 - Clinical Laboratory Test (Hematology Local lab)	24-FEB-2023	\$46.54
9019-2001 - Clinical Laboratory Test (Chemistry Local lab)	24-FEB-2023	\$120.38
9019-2001 - Urinalysis test (Local lab)	24-FEB-2023	\$45.39
9019-2001 - PT = prothrombin time (Local lab)	24-FEB-2023	\$43.66
9019-2001 - Ophthalmologist exam	19-MAY-2023	\$162.00
9019-2001 - Fibroscan	19-MAY-2023	\$137.66
9019-2001 - Fibroscan	13-SEP-2023	\$137.66
Total		\$1,576.74



STANFORD UNIVERSITY
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Tax ID Number 94-1156365

INVOICE

Award Number:	VAGWT	Invoice Number:	58074-2236872-3
TO: Date	07/29/2023	Billing Period:	06/30/23 - 07/29/23
EIGER BIOPHARMACEUTICAL		Sponsor Ref No:	EIG-LMD-002, Proj Code 157-2
C/O BIORASI LLC		Payment Terms :	30 NET
18851 NE 29TH AVE #800			
AVENTURA, FL 33180 US			

SUBMIT PAYMENT WITH INVOICE NO. TO:
Stanford University
PO BOX 884253
LOS ANGELES, CA 90088-4253

PI: Kwo, Paul Y.

Award Title: A Phase 3, Randomized, Open-Label, Parallel Arm Study to Evaluate the Efficacy and Safety of 180 mcg Peginterferon Lambda-1a (Lambda) Subcutaneous Injection for 48 Weeks in Patients with Chronic Hepatitis Delta Virus (HDV) Infection (LIMT-2

Billing Item	Amount
-----	-----
198311: CRF Per Subject	15,998.22
Costs	<14,398.39>
Less: Paid	

CURRENT AMOUNT DUE: \$1,599.83

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ou=SRM

SPO#:275134, Award#: VAGWT, Principal Investigator: Kwo, Paul Y, Sponsor: Eiger BioPharmaceuticals, Inc.

Subject	Visit Name	Visit Type	Visit Date	Procedure	Completed?	Amount	Balance
9019-2001	Screening for Run-In \$2666.37	Scheduled	09-FEB-2023	Screening for Run-In \$2666.37	Y	\$2,666.37	\$266.64
9019-2002	Screening for Run-In \$2666.37	Scheduled	09-FEB-2023	Screening for Run-In \$2666.37	Y	\$2,666.37	\$266.64
9019-2003	Screening for Run-In \$2666.37	Scheduled	09-FEB-2023	Screening for Run-In \$2666.37	Y	\$2,666.37	\$266.64
9019-2004	Screening for Run-In \$2666.37	Scheduled	09-FEB-2023	Screening for Run-In \$2666.37	Y	\$2,666.37	\$266.64
9019-2005	Screening for Run-In \$2666.37	Scheduled	09-FEB-2023	Screening for Run-In \$2666.37	Y	\$2,666.37	\$266.64
9019-2006	Screening for Run-In \$2666.37	Scheduled	09-FEB-2023	Screening for Run-In \$2666.37	Y	\$2,666.37	\$266.63
Total						\$15,998.22	\$1,599.83



STANFORD UNIVERSITY
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Tax ID Number 94-1156365

INVOICE

Award Number:	VAGWT	Invoice Number:	58074-2288092-21
TO: Date	05/09/2024	Billing Period:	04/12/24 - 05/09/24
EIGER BIOPHARMACEUTICAL		Sponsor Ref No:	EIG-LMD-002, Proj Code 157-2
C/O BIORASI LLC		Payment Terms :	30 NET
18851 NE 29TH AVE #800			
AVENTURA, FL 33180 US			

SUBMIT PAYMENT WITH INVOICE NO. TO:
Stanford University
PO BOX 884253
LOS ANGELES, CA 90088-4253

PI: Kwo, Paul Y.

Award Title: A Phase 3, Randomized, Open-Label, Parallel Arm Study to Evaluate the Efficacy and Safety of 180 mcg Peginterferon Lambda-1a (Lambda) Subcutaneous Injection for 48 Weeks in Patients with Chronic Hepatitis Delta Virus (HDV) Infection (LIMT-2

Billing Item	Amount
-----	-----
206519: CRF Per Subject	18,314.24
Costs	<16,449.41>
Less: Paid	

CURRENT AMOUNT DUE: \$1,864.83

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ou=SRM

SPO#:275134, Award#: VAGWT, Principal Investigator: Kwo, Paul Y, Sponsor: Eiger BioPharmaceuticals, Inc.

Subject	Visit Name	Visit Type	Visit Date	Procedure	Completed?	Amount	Balance
9018-2005	PT-1,2013.44, No Pregnancy test \$1976.32	Scheduled	18-OCT-2023	PT-1,2013.44, No Pregnancy test \$1976.32	Y	\$1,976.32	\$197.63
9019-2006	PT-1,2013.44, No Pregnancy test \$1976.32	Scheduled	08-DEC-2023	PT-1,2013.44, No Pregnancy test \$1976.32	Y	\$1,976.32	\$197.63
9018-2005	ST 7, WK 12, Day 85, \$1,816.32	Scheduled	08-AUG-2023	ST 7, WK 12, Day 85, \$1,816.32	Y	\$1,816.32	\$181.63
9018-2005	ST16/EOT, WK48, DAY 337, \$3,246.08	Scheduled	15-SEP-2023	ST16/EOT, WK48, DAY 337, \$3,246.08	Y	\$3,246.08	\$324.61
9019-2006	ST16/EOT, WK48, DAY 337, \$3,246.08	Scheduled	20-SEP-2023	ST16/EOT, WK48, DAY 337, \$3,246.08	Y	\$3,246.08	\$358.02
9018-2005	ST3 \$1,864.96	Scheduled	14-JUN-2023	ST3 \$1,864.96	Y	\$1,864.96	\$186.50
9018-2005	ST4 \$1,239.04	Scheduled	23-JUN-2023	ST4 \$1,239.04	Y	\$1,239.04	\$123.90
9018-2005	ST5 \$1,767.68	Scheduled	23-JUN-2023	ST5 \$1,767.68	Y	\$1,767.68	\$176.77
9018-2005	ST6 \$1,181.44	Scheduled	25-JUL-2023	ST6 \$1,181.44	Y	\$1,181.44	\$118.14
Total						\$18,314.24	\$1,864.83



STANFORD UNIVERSITY
Office of Research Administration
Sponsored Receivables Management
Tax ID Number 94-1156365

INVOICE

TO:	Award Number: VAGWT	Date 05/16/2024	Invoice Number: 58074-2288385-22
EIGER BIOPHARMACEUTICAL			Billing Period: 05/10/24 - 05/16/24
C/O BIORASI LLC			Sponsor Ref No: EIG-LMD-002, Proj Code 157-2
18851 NE 29TH AVE #800			Payment Terms : 30 NET
AVENTURA, FL 33180 US			

SUBMIT PAYMENT WITH INVOICE NO. TO:
Stanford University
PO BOX 884253
LOS ANGELES, CA 90088-4253

PI: Kwo, Paul Y.

Award Title: A Phase 3, Randomized, Open-Label, Parallel Arm Study to Evaluate the Efficacy and Safety of 180 mcg Peginterferon Lambda-1a (Lambda) Subcutaneous Injection for 48 Weeks in Patients with Chronic Hepatitis Delta Virus (HDV) Infection (LIMT-2

Billing Item	Amount
-----	-----
206796: Per Subject Costs	6,082.56

CURRENT AMOUNT DUE: \$6,082.56

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ou=SRM
Director of SRM

SPO#:275134, Award#: VAGWT, Principal Investigator: Kwo, Paul Y, Sponsor: Eiger BioPharmaceuticals, Inc.

Subject	Visit Name	Visit Type	Visit Date	Procedure	Completed?	Amount	Balance
9019-2001	ARM 2: ST 16/EOT, WK60, DAY 421, \$3,041.28	Scheduled	13-SEP-2023	ARM 2: ST 16/EOT, WK60, DAY 421, \$3,041.28	Y	\$3,041.28	\$3,041.28
9019-2005	ARM 2: ST 16/EOT, WK60, DAY 421, \$3,041.28	Scheduled	18-SEP-2023	ARM 2: ST 16/EOT, WK60, DAY 421, \$3,041.28	Y	\$3,041.28	\$3,041.28
Total						\$6,082.56	\$6,082.56



STANFORD UNIVERSITY
Office of Research Administration
Sponsored Receivables Management
Tax ID Number 94-1156365

INVOICE

Award Number:	VAGWT	Invoice Number:	58074-2290144-23
TO: Date	05/28/2024	Billing Period:	05/17/24 - 05/28/24
EIGER BIOPHARMACEUTICAL		Sponsor Ref No:	EIG-LMD-002, Proj Code 157-2
C/O BIORASI LLC		Payment Terms :	30 NET
18851 NE 29TH AVE #800			
AVENTURA, FL 33180 US			

SUBMIT PAYMENT WITH INVOICE NO. TO:
Stanford University
PO BOX 884253
LOS ANGELES, CA 90088-4253

PI: Kwo, Paul Y.

Award Title: A Phase 3, Randomized, Open-Label, Parallel Arm Study to Evaluate the Efficacy and Safety of 180 mcg Peginterferon Lambda-1a (Lambda) Subcutaneous Injection for 48 Weeks in Patients with Chronic Hepatitis Delta Virus (HDV) Infection (LIMT-2

Billing Item	Amount
-----	-----
207143: Other Study Related Fees	1,920.00

CURRENT AMOUNT DUE: \$1,920.00

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ou=SRM

SPO#:275134, Award#: VAGWT, Principal Investigator: Kwo, Paul Y, Sponsor: Eiger BioPharmaceuticals, Inc.

Fee	Date	Amount
Pharmacy Annual Maintenance Fee \$1,920.00, 2/9/2023 (period 2023-2024)	09-FEB-2023	\$1,920.00
Total		\$1,920.00



STANFORD UNIVERSITY
Office of Research Administration
Sponsored Receivables Management
Tax ID Number 94-1156365

INVOICE

Award Number: VAGWT
TO: Date 11/30/2023 Invoice Number: 58074-2258248-9
EIGER BIOPHARMACEUTICAL Billing Period: 11/22/23 - 11/30/23
C/O BIORASI LLC Sponsor Ref No: EIG-LMD-002, Proj Code 157-2
18851 NE 29TH AVE #800 Payment Terms : 30 NET
AVENTURA, FL 33180 US

SUBMIT PAYMENT WITH INVOICE NO. TO:
Stanford University
PO BOX 884253
LOS ANGELES, CA 90088-4253

PI: Kwo, Paul Y.

Award Title: A Phase 3, Randomized, Open-Label, Parallel Arm Study to Evaluate the Efficacy and Safety of 180 mcg Peginterferon Lambda-1a (Lambda) Subcutaneous Injection for 48 Weeks in Patients with Chronic Hepatitis Delta Virus (HDV) Infection (LIMT-2

Billing Item	Amount
-----	-----
201779: CRF Per Subject	32,616.46
Costs	<29,354.80>
Less: Paid	

CURRENT AMOUNT DUE: \$3,261.66

Please remit "Current Amount Due" with this invoice to prevent further collection efforts. If payment has been made, please disregard this message. Please call (650) 725-0086 or email rfcs-receivables@list.stanford.edu for questions.

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DN: cn=Natalia Antanavage, o=ORA,
ou=SRM

Subject	Visit Name	Visit Type	Visit Date	Procedure	Completed?	Amount	Balance
9019-2005	NT 1 \$1021.44	Scheduled	07-JUL-2023	NT 1 \$1021.44	Y	\$1,021.44	\$102.14
9019-2001	NT 1 \$1021.44	Scheduled	21-JUL-2023	NT 1 \$1021.44	Y	\$1,021.44	\$102.14
9019-2005	NT 2: \$674.56	Scheduled	14-JUL-2023	NT 2: \$674.56	Y	\$674.56	\$67.46
9019-2001	NT 2: \$674.56	Scheduled	27-JUL-2023	NT 2: \$674.56	Y	\$674.56	\$67.46
9019-2005	NT 3 \$1,021.44	Scheduled	26-JUL-2023	NT 3 \$1,021.44	Y	\$1,021.44	\$102.14
9019-2001	NT 3 \$1,021.44	Scheduled	09-AUG-2023	NT 3 \$1,021.44	Y	\$1,021.44	\$102.14
9019-2005	NT 4, \$648.96	Scheduled	10-AUG-2023	NT 4, \$648.96	Y	\$648.96	\$64.90
9019-2001	NT 4, \$648.96	Scheduled	25-AUG-2023	NT 4, \$648.96	Y	\$648.96	\$64.90
9019-2005	NT 5 \$1,021.44	Scheduled	23-AUG-2023	NT 5 \$1,021.44	Y	\$1,021.44	\$102.14
9019-2005	NT 6, \$648.96	Scheduled	06-SEP-2023	NT 6, \$648.96	Y	\$648.96	\$64.90
9019-2005	Randomization \$1594.88	Scheduled	28-JUN-2023	Randomization \$1594.88	Y	\$1,594.88	\$159.49
9019-2001	Randomization \$1594.88	Scheduled	12-JUL-2023	Randomization \$1594.88	Y	\$1,594.88	\$159.49
9019-2006	Randomization/BL \$3558.40	Scheduled	28-JUN-2023	Randomization/BL \$3558.40	Y	\$3,558.40	\$355.84
9019-2006	ST1 \$1,601.28	Scheduled	07-JUL-2023	ST1 \$1,601.28	Y	\$1,601.28	\$160.13
9019-2006	ST2 \$1,305.60	Scheduled	17-JUL-2023	ST2 \$1,305.60	Y	\$1,305.60	\$130.56
9019-2006	ST3 \$1,827.84	Scheduled	26-JUL-2023	ST3 \$1,827.84	Y	\$1,827.84	\$182.78
9019-2006	ST4 \$1,239.04	Scheduled	10-AUG-2023	ST4 \$1,239.04	Y	\$1,239.04	\$123.90
9019-2006	ST5 \$1,730.56	Scheduled	23-AUG-2023	ST5 \$1,730.56	Y	\$1,730.56	\$173.06
9019-2006	ST6 \$1,181.44	Scheduled	08-SEP-2023	ST6 \$1,181.44	Y	\$1,181.44	\$118.14
9019-2003	Screening for Eligibility - \$2,859.78	Scheduled	19-MAY-2023	Screening for Eligibility - \$2,859.78	Y	\$2,859.78	\$285.98
9019-2004	Screening for Eligibility - \$2,859.78	Scheduled	26-MAY-2023	Screening for Eligibility - \$2,859.78	Y	\$2,859.78	\$285.98
9019-2006	Screening for Eligibility - \$2,859.78	Scheduled	26-MAY-2023	Screening for Eligibility - \$2,859.78	Y	\$2,859.78	\$285.99
Total						\$32,616.46	\$3,261.66



STANFORD UNIVERSITY
Office of Research Administration
Sponsored Receivables Management
Tax ID Number 94-1156365

INVOICE

Award Number:	VAGWT
TO: Date 09/18/2023	Invoice Number: 58074-2245833-5
EIGER BIOPHARMACEUTICAL	Billing Period: 09/15/23 - 09/18/23
C/O BIORASI LLC	Sponsor Ref No: EIG-LMD-002, Proj Code 157-2
18851 NE 29TH AVE #800	Payment Terms : 30 NET
AVENTURA, FL 33180 US	

SUBMIT PAYMENT WITH INVOICE NO. TO:
Stanford University
PO BOX 884253
LOS ANGELES, CA 90088-4253

PI: Kwo, Paul Y.

Award Title: A Phase 3, Randomized, Open-Label, Parallel Arm Study to Evaluate the Efficacy and Safety of 180 mcg Peginterferon Lambda-1a (Lambda) Subcutaneous Injection for 48 Weeks in Patients with Chronic Hepatitis Delta Virus (HDV) Infection (LIMT-2

Billing Item	Amount
-----	-----
199683: CRF Per Subject	5,719.56
Costs	<5,147.60>
Less: Paid	

CURRENT AMOUNT DUE: \$571.96

Please remit "Current Amount Due" with this invoice to prevent further collection efforts. If payment has been made, please disregard this message. Please call (650) 725-0086 or email rfcs-receivables@list.stanford.edu for questions.

I hereby affirm that the above bill is correct and just and that payment thereof has not been received
THE BOARD OF TRUSTEES OF THE LELAND
STANFORD JUNIOR UNIVERSITY

Natalia
Antanavage
Director of SRM

Digitally signed by Natalia Antanavage
DN: cn=Natalia Antanavage, o=ORA,
ou=SRM

SPO#:275134, Award#: VAGWT, Principal Investigator: Kwo, Paul Y, Sponsor: Eiger BioPharmaceuticals, Inc.

Subject	Visit Name	Visit Type	Visit Date	Procedure	Completed?	Amount	Balance
9019-2001	Screening for Eligibility - \$2,859.78	Scheduled	19-MAY-2023	Screening for Eligibility - \$2,859.78	Y	\$2,859.78	\$285.98
9019-2005	Screening for Eligibility - \$2,859.78	Scheduled	26-MAY-2023	Screening for Eligibility - \$2,859.78	Y	\$2,859.78	\$285.98
Total						\$5,719.56	\$571.96

Please remit to:

ACH Wire Domestic and Foreign

Bank Name: Wells Fargo Bank

Bank Address: 420 Montgomery Street, San Francisco, CA 94104

Account Number: 4944863588

ABA Routing Number: 121000248 (Domestic)

SWIFT Code: WFBIUS6S (International USD wires)

WFBIUS6WFFX (Foreign currency wires)

First Class Mail

Stanford University

PO BOX 884253

LOS ANGELES, CA 90088-4253